

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) <b>Michael W. Yang</b>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51					
2		X					52					
3		X					53					
4		X					54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11	X						61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19		X					69					
20		X					70					
21	X						71					
22		X					72					
23		X					73					
24		X					74					
25		X					75					
26							76					
27							77					
28							78					
29							79					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	22						Total Depend					
Total Claims	25						Total Claims					